

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/		/			52			
3	/		/			53			
4	/		/			54			
5	/		/			55			
6	/		/			56			
7	/		/			57			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			/			TOTAL IND.			
TOTAL DEP.			/			TOTAL DEP.			
TOTAL CLAIMS			10			TOTAL CLAIMS			